



Massachusetts Board of Registration in Pharmacy
250 Washington Street
Boston, MA 02108-4619

Tel: 617-973-0960

Fax: 617-973-0980

TTY: 617-973-0988

pharmacy.admin@mass.gov

Certified Statement of Licensure

A Certified Statement of Licensure provides official verification of a license or registration that has been issued by the Board of Registration in Pharmacy and is often required when seeking licensure in another state. A Certified Statement of Licensure includes the following information, as applicable: name, license number, issue date, expiration date, license status, disciplinary action, and pharmacy board seal.

- ☐ A check or money order for **\$15** payable to the **Commonwealth of Massachusetts** must be **mailed** for each Certified Statement of Licensure. (There will be a \$23 handling charge for returned checks.)

NOTE: Do not send cash, foreign currency, or electronic funds transfers. Fees are non-refundable and non-transferable.

- ☐ If there is an out-of-state verification form that must be completed, please include it with this form and your payment. Documents will be mailed within 10 business days.

Name of Licensee _____ License No. _____

Street Address _____

City/Town _____ State _____ Zip Code _____ - _____

Tel. No. _____ E-mail _____

Signature _____ Date _____

Name(s) and address(es) to which the Certified Statement of Licensure is to be sent:

Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____ - _____

To be completed by Board

Check:	Date:	Receipt No:
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